

UNITED STATES BANKRUPTCY COURT

Western DISTRICT OF Pennsylvania

In re: Michael K Herron

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§

Case No. 19-24527

Debtor(s)

☐ Jointly Administered

**Post-confirmation Report**

Chapter 11

Quarter Ending Date: 09/30/2024

Petition Date: 11/21/2019

Plan Confirmed Date: 01/22/2021

Plan Effective Date: 02/22/2021

This Post-confirmation Report relates to: ☒ Reorganized Debtor

☐ Other Authorized Party or Entity: \_\_\_\_\_

Name of Authorized Party or Entity

/s/Michael K Herron

Signature of Responsible Party

10/07/2024

Date

Michael K Herron

Printed Name of Responsible Party

1132 SE Kings Bay Dr, Crystal River, FL 34429

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name Michael K Herron

Case No. 19-24527

**Part 1: Summary of Post-confirmation Transfers**

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$79,187	\$1,337,195
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$79,187	\$1,337,195

**Part 2: Preconfirmation Professional Fees and Expenses**

a.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor	Aggregate Total	\$7,783	\$109,225	\$7,783	\$109,225
	Itemized Breakdown by Firm					
	Firm Name	Role				
i	Robleto Kurace, PLLC	Lead Counsel	\$7,783	\$109,225	\$7,783	\$109,225
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Debtor's Name Michael K Herron

Case No. 19-24527

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Debtor's Name Michael K Herron

Case No. 19-24527

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b.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor					
	<i>Aggregate Total</i>					
	<i>Itemized Breakdown by Firm</i>					
	Firm Name	Role				
	i					
	ii					
	iii					
	iv					
	v					
	vi					

Debtor's Name Michael K Herron

Case No. 19-24527

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Case No. 19-24527

UST Form 11-PCR (12/01/2021)

Debtor's Name Michael K Herron

Case No. 19-24527

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c.	All professional fees and expenses (debtor & committees)						

**Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan**

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$118,072	\$0	\$118,072	\$118,072	100%
b. Secured claims	\$1,260,830	\$63,312	\$896,928	\$896,928	100%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$10,000	\$17	\$5,372	\$5,372	100%
e. Equity interests	\$0	\$0	\$0		

**Part 4: Questionnaire**

- a. Is this a final report? Yes ☐ No ☒
- If yes, give date Final Decree was entered: \_\_\_\_\_
- If no, give date when the application for Final Decree is anticipated: \_\_\_\_\_
- b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930? Yes ☒ No ☐

Debtor's Name Michael K Herron

Case No. 19-24527

**Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: [http://www.justice.gov/ust/eo/rules\\_regulations/index.htm](http://www.justice.gov/ust/eo/rules_regulations/index.htm). Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

**I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.**

/s/Michael K Herron

Signature of Responsible Party

debtor

Title

Michael K Herron

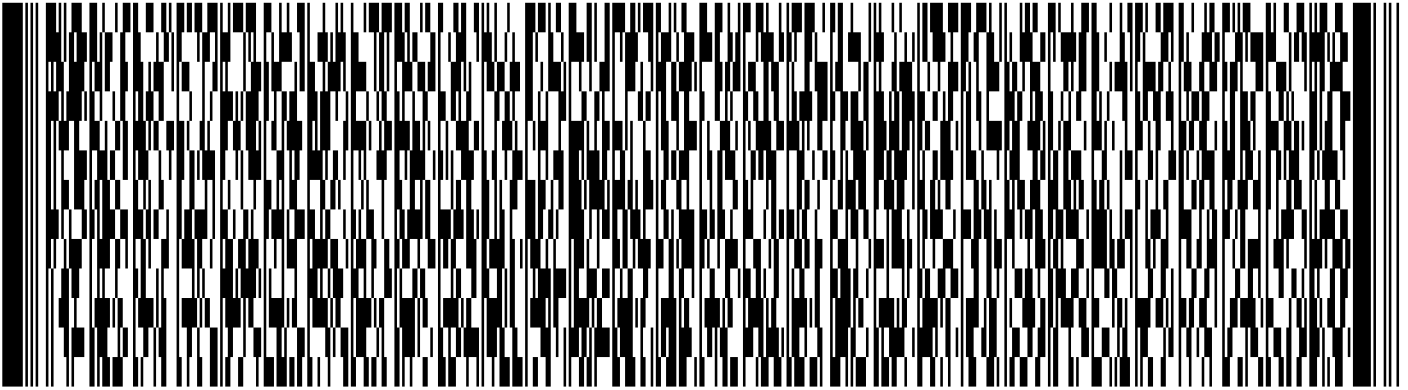
Printed Name of Responsible Party

10/07/2024

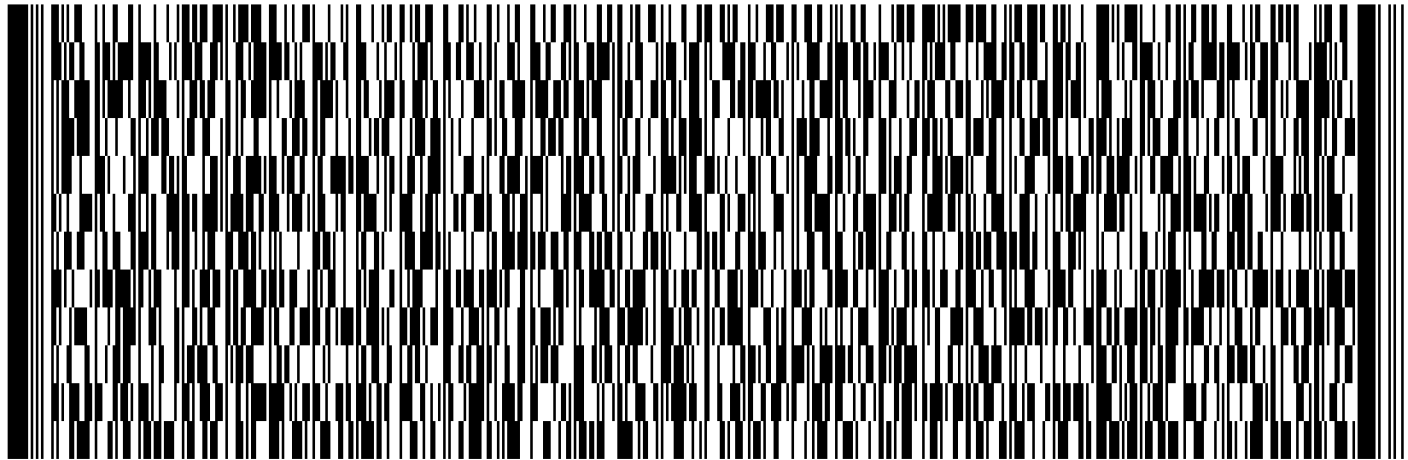
Date

Debtor's Name Michael K Herron

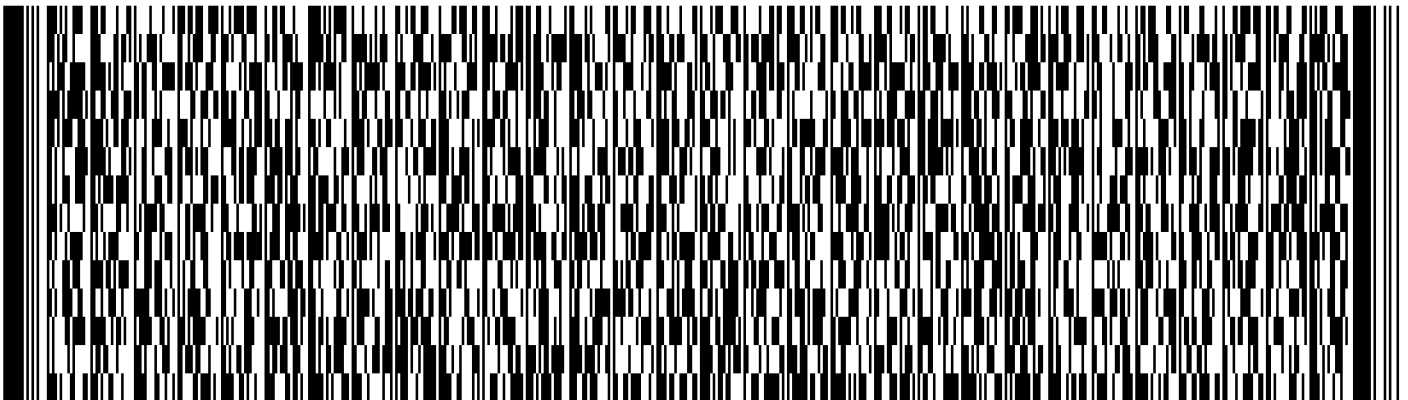
Case No. 19-24527



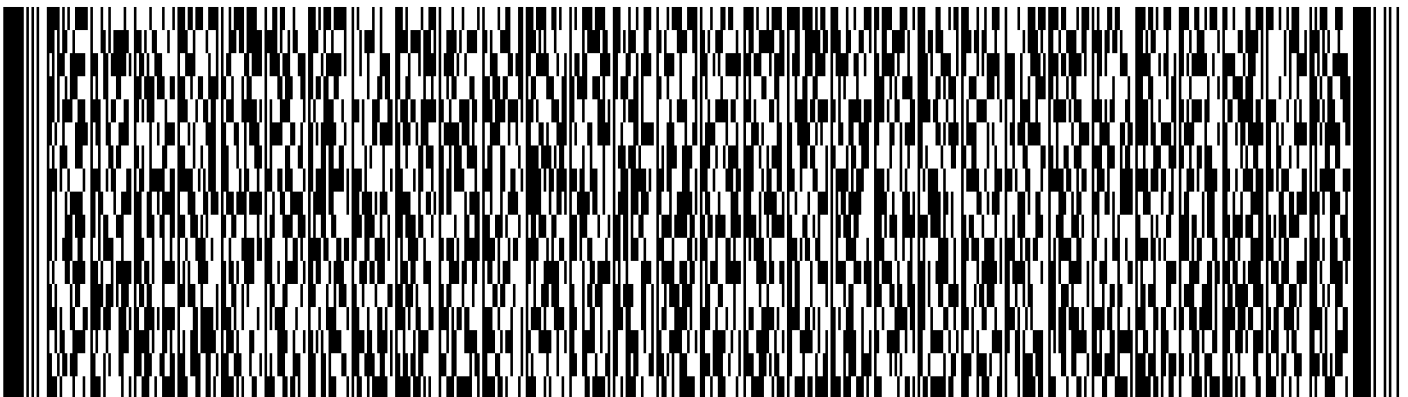
Page 1



Other Page 1



Page 2 Minus Tables



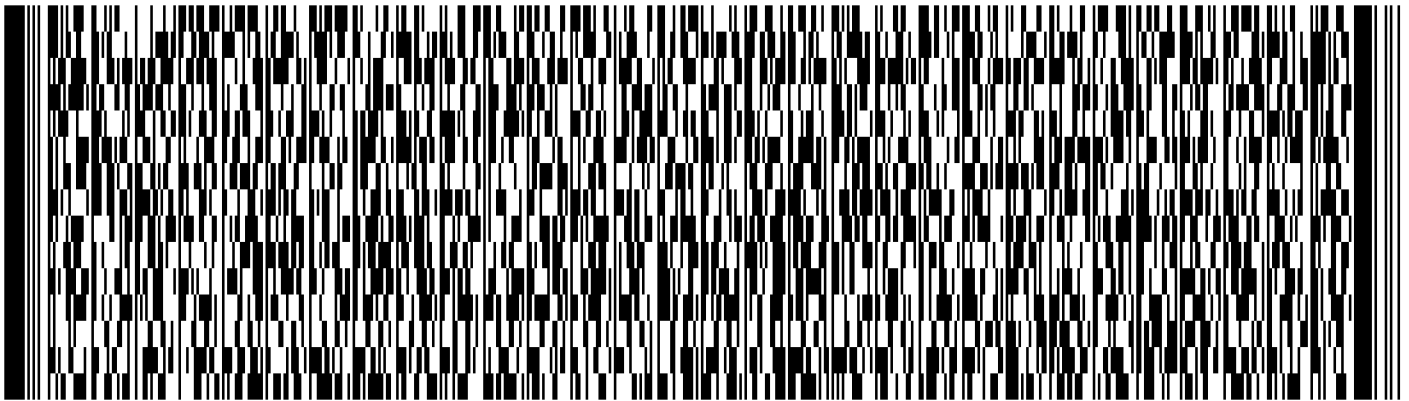
Bankruptcy Table 1-50

Debtor's Name Michael K Herron

Case No. 19-24527



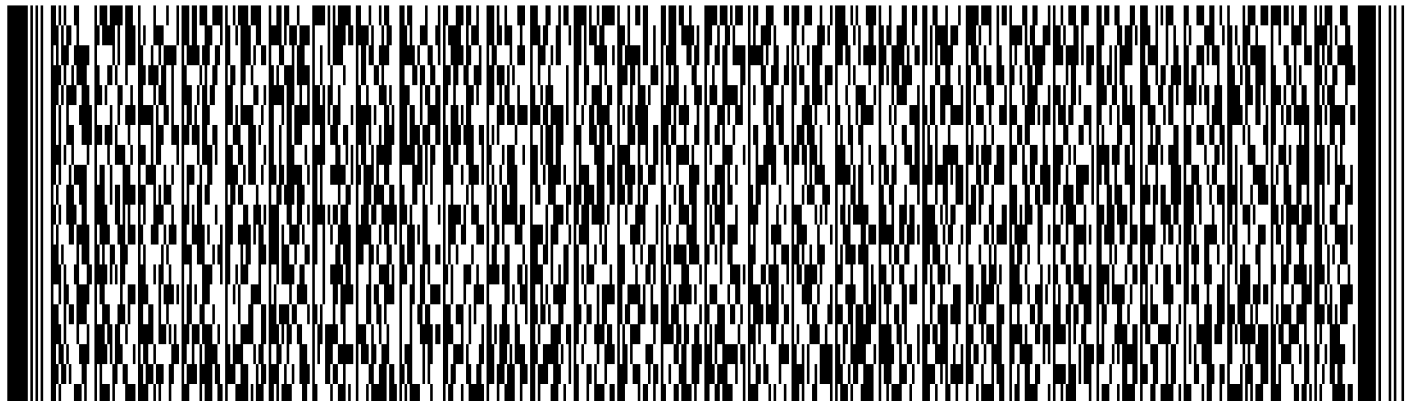
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3, Part 4, Last Page